07206

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Garrett — Oakland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (In this place): life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland, COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Gertrude (Last) Barkman

4. DATE OF DEATH: (Month) 7/ (Day) 16, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/18/1874

9. AGE last birthday: 75 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: House wife

11. BIRTHPLACE (State or foreign country): Preston County, W. Va.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ami Formen

14. MOTHER'S MAIDEN NAME: Margaret Feather

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Sister. Mrs. Bussell Beckman, Oakland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Unknown – Sudden death – probably cardiac	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute mild gastroenteritis – recurrent	2 weeks
	(c) Mild mitral disease, rheumatic, hypertension	20 yrs.

410 92b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1934, to July 16, 1950, that I last saw the deceased alive on July 16, 1950, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE: Harold C. Miller (Degree or title) M.D. ADDRESS: Eglon W. Va. DATE SIGNED: 7/18/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 7/18/1950 NAME OF CEMETERY OR CREMATORY: Underwood Cemetery LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG.: July 18/50 REGISTRAR'S SIGNATURE: Julia A. Rowan

24. FUNERAL DIRECTOR: Emory D. Bolden ADDRESS: Oakland, Md.

Local

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JUL 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17207

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jennings Md
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jennings, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CLARK (Middle) ELWORTH (Last) BITTINGMER

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 13, 1945

9. AGE last birthday: 4 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Frostburg, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clark Levern Bittinger

14. MOTHER'S MAIDEN NAME: Annabelle Wilt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Clark Bittinger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8 **Immediate cause** (a) Drowned

183 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): River (CITY OR TOWN): Jennings (COUNTY): Garrett (STATE): Md.

TIME OF INJURY: (Month) July (Day) 4 (Year) 1950 (Hour) 4:30 P m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Boy fell in river

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. R. Davis M.D. Grantsville Md July 5 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July 7, 50

NAME OF CEMETERY OR CREMATORY: Bittinger cemetery

LOCATION (City, town, or county) (State): Bittinger, Garrett Co, Md.

DATE REC'D BY LOCAL REG.: July 5-1950

REGISTRAR'S SIGNATURE: Ethel Broadwater

24. FUNERAL DIRECTOR: Wm Winterberg ADDRESS: Grantsville Md.

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Brooks

07208

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — Deer Park MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park, Md. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George Washington (Middle) (Last) Brooks, jr.

4. DATE OF DEATH: (Month) 7 (Day) 9 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6/8/1950

9. AGE last birthday: 65 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm hand

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Garrett County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Brooks, Sr.

14. MOTHER'S MAIDEN NAME: Mary Jane McRobie.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Brother. Jesse H. Brooks, Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart failure — ?

443X 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive heart failure with hypertension — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: none — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 April 1949, to 7 July, 1950, that I last saw the deceased alive on 7 July, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Thomas F. Lusby M.D. — Oakland, Md. — 12 July 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/10/1950 — NAME OF CEMETERY OR CREMATORY: Kerins Cemetery — LOCATION (City, town, or county) (State): near Bethlem, Md.

DATE RECD. BY LOCAL REG.: July 10 50 — REGISTRAR'S SIGNATURE: Julia E. Rowan — 24. FUNERAL DIRECTOR: Emory B. Bolden — ADDRESS: Oakland, Md.

Local

866 VV

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JUL 18 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07209

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
STREET ADDRESS (If rural, give location): SECOND STREET

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) MATILDA (Last) HARNED

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: July 7, 1870

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HWFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BAUER, JOHN G.

14. MOTHER'S MAIDEN NAME: HETZEL, MATILDA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: DR. JOSEPH E. HARNED - Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 8 days

331 X — Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 20 yrs

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19 50, to July 19 50, that I last saw the deceased alive on July 25, 1950, and that death occurred at 930 A. m., from the causes and on the date stated above.

SIGNATURE: E. J. Baumgartner (Degree or title) M.D. ADDRESS: Oakland Md DATE SIGNED: 7/28/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 30, 1950 — NAME OF CEMETERY OR CREMATORY: Oakland Cemetery — LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG.: July 30. 1950 — REGISTRAR'S SIGNATURE: Julius A Rowan Local

24. FUNERAL DIRECTOR: Herbert C. Leighton — ADDRESS: Oakland Md.

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07210

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH

County Garrett

City or town Friendsville Md., Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs.

Hospital, institution, or street address where death occurred: Friendsville Md. Rural.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Garrett

City or town Friendsville, Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Catherine Ann Humberson

3.(b) Social Security Number

4. Sex F.

5. Color or race W.

6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife Hiram Humberson

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25. 1861

8. AGE: Years 88 Months 10 Days 8 If less than one day hrs. min.

9. Birthplace Asher Glade, Garrett Co. Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Elisha Umble
13. Birthplace Md.

MOTHER
14. Maiden name Isabel
15. Birthplace Md.

16. Informant Emma Fike
Address Friendsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 5, 1950 (month) (day) (year)

Cemetery or ~~crematory~~ Humberson

Location Friendsville Md.

18. Funeral director A. F. Collins

Address Terra Alta. W Va.

19. July 5, 1950 (Date rec'd by registrar) Mrs. Kathryn Fike Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1950, at 8 45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 18 1950, to July 3 1950 and that I last saw her alive on June 30 1950

Immediate cause of death	DURATION
Hypostatic Pneumonia	3 days
Due to Gen. Senility	—
Due to	
Other conditions	

522x
(Include pregnancy within 3 months of death)

111C

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. B. Messmore MD M. D. or other

Address Addison Pa Date signed 7-5-50

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JUL 10 1980
BUREAU V. S.

07211

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Swanton
LENGTH OF STAY (in this place) 65yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1½ Mi. East of North Glade

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Swanton
STREET ADDRESS (If rural, give location) 1½ Mi. East of North Glade

3. NAME OF DECEASED (Type or Print): (First) Silas (Middle) Edward (Last) Johnston

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 10, 1872

9. AGE Last birthday: 77 yrs. If under 1 year: Months 8 Days 2 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Bedford Co., Pa.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Paul Johnston

14. MOTHER'S MAIDEN NAME: Matilda Kinser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Rosa Johnston, R#2, Swanton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Liver — Interval between onset and death: Two

177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Stomach — 1 Year

51b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — Four

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1950, to July 14, 1950, that I last saw the deceased alive on July 8, 1950, and that death occurred at 5:15A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 7/14/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7/16/50 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): North Glade, Garrett Co, Md.

DATE REC'D BY LOCAL REG. 7-16-50 — REGISTRAR'S SIGNATURE: Julia A. Rowan

24. FUNERAL DIRECTOR ADDRESS: Otha F. Sharpless, Blaine, W.Va.

RECEIVED
JUL 18 1950
BUREAU V. R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07212

Reg. Dist. No. 166

1. PLACE OF DEATH
COUNTY Garrett — Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Leah (Middle) Vera (Last) King

4. DATE OF DEATH: (Month) 7 (Day) 9 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 5/25.1886

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk - dry goods Store

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Oakland, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Decorsey Emroy Bolden.

14. MOTHER'S MAIDEN NAME: Sarah Jane Roth.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-03-7678

17. INFORMANT AND ADDRESS: Sister. Edith M. Bolden, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Failure — Interval Between Onset and Death: 1 hour?

443X 938 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease — 2½ years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 March, 19 48, to July, 19 50, that I last saw the deceased alive on July, 19 50, and that death occurred at 8:30 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas F. Lusby M.D. Oakland, Md. 12 July 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/12/1950 — NAME OF CEMETERY OR CREMATORY: Oakland, Cemetery — LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG.: July 12-'50 — REGISTRAR'S SIGNATURE: Julia T. Howard Deputy

24. FUNERAL DIRECTOR: Emroy D. Bolden — ADDRESS: Oakland, Md.

29079

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 15

RECEIVED
JUL 18 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07213

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Third St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
STREET ADDRESS (If rural, give location) 109 Third St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ernest	Chester	Liller	July	30	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	4/25/1896	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cleaning & Pressing	Tailor Shop	Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clyde Liller	Nancy Virginia Hauger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes 1st W. W.	220-16-5610	Mrs. Margaret Liller - Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Coronary Heart disease	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan, 1946, to 30 July, 1950, that I last saw the deceased alive on 30 July, 1950, and that death occurred at 8:00 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A E Mance	MD	Oakland Md	1 Aug 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/2/1950	Oakland Cemetery	Oakland, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/2/1950	Julia L. Mowen	Herbert C. Leighton	Oakland, Md.

49688

RECEIVED
AUG 4 1950
BUREAU Tx. B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17214
162
Reg. Dist. No. 227

1. PLACE OF DEATH
COUNTY Garett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Barton Md
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Barton Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Benton (Last) McIntyre

4. DATE OF DEATH (Month) July (Day) 1 (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH April 13 1881

9. AGE last birthday 69 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Garett County Maryland

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME Peter McIntyer

14. MOTHER'S MAIDEN NAME Mary Ellen Broadwater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs William McIntyer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriasclerosis

83a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1950, to July 1, 1950, that I last saw the deceased alive on June 25, 1950, and that death occurred at 9:45 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

N. A. Davis M.D Grantsville Md July 1 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7-3-1950

NAME OF CEMETERY OR CREMATORY New Germany Cemetary

LOCATION (City, town, or county) (State) R.D.2. Grantsville Md

DATE REC'D BY LOCAL REG. July 1 1950

REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR Wm Winebrenner ADDRESS Grantsville Md

8666

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 5 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07215

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett Co. Mem. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE W. Va. COUNTY Grant
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bayard
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) EFFIE (Middle) MAE (Last) McMANNIS

4. DATE OF DEATH (Month) July (Day) 22 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Oct-5-1880

9. AGE last birthday 60 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) W. Va.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME ROBERT RUNION

14. MOTHER'S MAIDEN NAME Catherine Lambert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS E. R. McMannis, Bayard, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro-Vascular Accident — Interval Between Onset and Death: 23 days

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Art. Cardio-vascular disease — ?

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 June, 1950, to 22 July, 1950, that I last saw the deceased alive on 22 July 1950, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas J. Lusby M. D. Oakland, Md 22 July 50

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial

DATE THEREOF July 26, 1950

NAME OF CEMETERY OR CREMATORY Bayard Cemetery

LOCATION (City, town, or county) Bayard (State) W. Va

DATE REC'D BY LOCAL REG. July 26/50

REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR C. D. Bosse ADDRESS Grantsville, Md

Local

VS. A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Julia Lawan
Water St.

RECEIVED
JUL 31 1950
BUREAU V. S.

Evidence for addition as shown in #18

07216

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

FILM NO. G 27 AUG 23 1950

1. PLACE OF DEATH: COUNTY Garrett Deer Park, MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN

LENGTH OF STAY (in this place) life time

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Edwin (Middle) E (Last) Murphy

4. DATE OF DEATH (Month) 7 (Day) 30 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 10/21/1916

9. AGE last birthday 33 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Machine Operator

11. BIRTHPLACE (State or foreign country) Mt. Lake Park, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard Murphy.

14. MOTHER'S MAIDEN NAME Etta Haines.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 214-16-2822

17. INFORMANT AND ADDRESS Mrs. Edwin Murphy, Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure and Pulmonary Edema	2 months
416X Antecedent cause(s)	(b) Rheumatic Fever - Inactive (8/22/50 a.s.)	4 yrs
95b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-19, 1949, to 7-30, 1950, that I last saw the deceased alive on 7-30, 1950, and that death occurred at 4:30, A.m., from the causes and on the date stated above.

SIGNATURE James H. Feaster (Degree or title) Jr. M.D. ADDRESS Oakland, Md. DATE SIGNED 8-1-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 8/1/1950 NAME OF CEMETERY OR CREMATORY Deer Park Cemetery LOCATION (City, town, or county) (State) Deer Park, Md.

DATE REC'D BY LOCAL REG. 8-1-1950 REGISTRAR'S SIGNATURE Julia K. Rowan

24. FUNERAL DIRECTOR Emroy D. Bolden ADDRESS Oakland, Md.

49699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT 3

RECEIVED
AUG 8 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07217

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Near Accident
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Near Accident
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) LENARD (Last) RICHTER

4. DATE OF DEATH: (Month) July (Day) 10, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 26, 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawmill

10b. KIND OF BUSINESS OR INDUSTRY: Labor

11. BIRTHPLACE (State or foreign country): Keyser Ridge, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George L Richter

14. MOTHER'S MAIDEN NAME: Mary Kassel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-24-5741

17. INFORMANT: Walter Richter, Accident, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Prostate & Pelvis — Interval Between Onset and Death: 1 year

177X Antecedent cause(s)

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1950, to July 10, 1950, that I last saw the deceased alive on July 3, 1950, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. R. Davis M.D. Grantsville Md. 7/11/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: July 13, 50

NAME OF CEMETERY OR CREMATORY: Cove Cemetery

LOCATION (City, town, or county) (State): Rural, Near Accident, Md.

DATE REC'D BY LOCAL REG.: July 11-1950

REGISTRAR'S SIGNATURE: Ethel Broadwater

24. FUNERAL DIRECTOR: Wm Winterberg

ADDRESS: Grantsville Md.

49609

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 12 1950
BUREAU

07218

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett County Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
STREET ADDRESS (If rural, give location) Box 267

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Troy (Last) Rodeheaver

4. DATE OF DEATH (Month) July (Day) 4 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 3, 1885
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming-tenant
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME Ami Rodeheaver
14. MOTHER'S MAIDEN NAME Hulda Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-10-1028
17. INFORMANT AND ADDRESS Russell A. Rodeheaver, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Thrombo Angiitis Obliterans

453.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

99

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1950, to July, 1950, that I last saw the deceased alive on July 4, 1950, and that death occurred at 12 05 A.m., from the causes and on the date stated above.

SIGNATURE: E. J. Emmanuel Mes M.D. (Degree or title) ADDRESS Oakland, Md. DATE SIGNED 7/4/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/6/1950
NAME OF CEMETERY OR CREMATORY Oakland Cemetery
LOCATION (City, town, or county) Oakland, (State) Maryland.

DATE REC'D BY LOCAL REG. 7/6/1950
REGISTRAR'S SIGNATURE Julia A. Rowan L.R.
24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 11 1950
BUREAU OF S

07219

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND,
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ~~GARRETT~~ Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~MT. LAKE PARK~~ Catonsville
STREET ADDRESS (If rural, give location) ~~KISER NURSING HOME~~ Recedo Knoll

3. NAME OF DECEASED (Type or Print) (First) ELLEN (Middle) GERTRUDE (Last) STANTON
4. DATE OF DEATH (Month) JULY (Day) 6 (Year) 1950

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 3/22/1864
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOLTEACHER
10b. KIND OF BUSINESS OR INDUSTRY EDUCATION
11. BIRTHPLACE (State or foreign country) MARYLAND OAKLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME LARRY STANTON
14. MOTHER'S MAIDEN NAME KERINS, MARY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS ROBERT J. STANTON, Oakland, Md. Nephew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho Pneumonia

444x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

107

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1949, to July 6, 1950, that I last saw the deceased alive on July 6, 1950, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE E. J. Baumgartner M.D. (Degree or title) ADDRESS Oakland Md DATE SIGNED 7/7/50

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF 7/10/1950
NAME OF CEMETERY OR CREMATORY St. Peters Catholic
LOCATION (City, town, or county) Oakland, Md. (State)

DATE REC'D BY LOCAL REG. 7-10-1950
REGISTRAR'S SIGNATURE Julia A. Rowan LOCAL
24. FUNERAL DIRECTOR Emory D. Bolden, ADDRESS Oakland, Md.

V3491

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 11 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07220

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Deer Park MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park, Md., Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) David (Last) Strawser

4. DATE OF DEATH (Month) 7 (Day) 12 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 1/13/1867

9. AGE last birthday 83 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Sawyer & Farmer

11. BIRTHPLACE (State or foreign country) Liverpool, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter Strawser.

14. MOTHER'S MAIDEN NAME Elizabeth Broker.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS Daughter Mrs. Myrtle Custer, Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
442x	Immediate cause	(a) Acute Myocarditis	3 days
	Antecedent cause(s)		
131a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gangrene of both legs	2 mo.
		(c) Cardio-Vascular Renal Disease with edema	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1949, to July 12, 1950, that I last saw the deceased alive on July 12, 1950, and that death occurred at 5:25 P.m., from the causes and on the date stated above.

SIGNATURE Ralph Calandrella (Degree or title) M.D ADDRESS Kitzmiller Md DATE SIGNED July 14-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 7/16/1950

NAME OF CEMETERY OR CREMATORY Pleasant Valley Cem.

LOCATION (City, town, or county) (State) Near Loch Lynn, Md.

DATE REC'D BY LOCAL REG. July 16/50

REGISTRAR'S SIGNATURE Julia A Howard Local

24. FUNERAL DIRECTOR Emroy D. Bolden ADDRESS Oakland, Md.

49609

RECEIVED
JUL 24 1950
NIKRAU U. S.